

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 09/25/2003

D Peter Hochberg Company
 6th Floor
 1940 East 6th Street
 Cleveland, OH 44114-2294



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Christine Kotran	(Depositor's name)
<i>Christine Kotran</i>	(Signature)
12/22/2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/719,731	09/20/2001	Christoph Schmitz	R00099US	4113

TITLE OF INVENTION: SILICONE CONTACT ADHESIVE WITH REDUCED COLD FLOW

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	12/26/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
KEEHAN, CHRISTOPHER M	1712	428-35500R

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. D. Peter Hochberg
 2. Sean Mellino
 3. Katherine R. Vieyra

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LTS Lohmann Therapie-Systeme AG Andernach, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee ☐ A check in the amount of the fee(s) is enclosed.
☐ Publication Fee ☒ Payment by credit card. Form PTO-2038 is attached. (\$1,330.00)

☒ Advance Order - # of Copies 5 ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-2441 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *D. Peter Hochberg* (Date) 12/19/2003

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

01/05/2004 SDIRETA2 00000006 082441 09719731
 01 FC:8001 15.00 DA
 01/02/2004 SDIRETA2 00000062 09719731
 01 FC:1501 1330.00 OP

TRANSMIT THIS FORM WITH FEE(S)



Attorney Docket **RO0099US** (#90568) \$B
CC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: **Christoph Schmitz et al.**

Serial No.: **09/719,731** / Conf. No.: **4113**

Art Unit: **1712**

Filed: **09/20/2001**

Examiner: **Christopher M. Keehan**

For: **SILICONE CONTACT ADHESIVE WITH REDUCED COLD FLOW**

Mail Stop Issue Fee
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

PAYMENT OF ISSUE FEE (37 CFR 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 CFR 1.18(a))

Application status is:

☐ small business entity/independent inventor -- fee \$ 665.00

☐ Applicant is entitled to and hereby claims
small entity status.

☒ other than small entity -- fee \$1,330.00

☐ Publication fee fee \$ 300.00

3. Payment of fee

☒ Enclosed is a Credit Card Payment Form authorizing a charge of **\$1,330.00**

☒ Charge Account 08-2441 for any fee deficiency.

☐ Charge Account 08-2441 the sum of \$

Respectfully submitted,

By: 

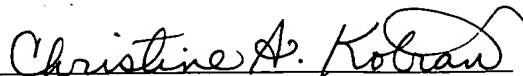
D. Peter Hochberg
Reg. No. 24,603

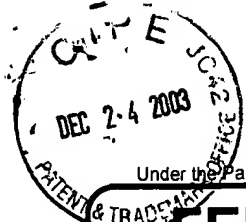
DPH/ck
Att.
D. Peter Hochberg Co., L.P.A.
1940 East 6th Street - 6th Floor
Cleveland, Ohio 44114-2294
(216) 771-3800

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with the attached Issue Fee Transmittal form PTOL-85 and any other paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed: Mail Stop Issue Fee, Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450.

Date: December 22, 2003


Christine A. Kotran



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,345.00---

Complete if Known

Application Number	09/719,731
Filing Date	09/20/2001
First Named Inventor	Christoph Schmitz
Examiner Name	Christopher M. Keehan
Art Unit	1712
Attorney Docket No.	RO0099US (#90568)

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit Account Number: 08-2441
Deposit Account Name: D. Peter Hochberg Co., L.P.A.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	1,330.00
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify) Deposit Acct. - Soft patent copies - Code 8001 15.00

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1,345.00

SUBMITTED BY

Name (Print/Type)	D. Peter Hochberg	Registration No. (Attorney/Agent)	24,603	Telephone	216-771-3800
Signature	<i>D. Peter Hochberg</i>	Date	12/19/2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.